Net Gains or Income From Disposition of Property

List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible.

|  | (a) | (b) | (c) | (d) | (e) | (f) |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 1. | Kind of property and description | Date acquired (mm/dd/yyyy) | Date sold (mm/dd/yyyy) | Gross sales price | Cost or other basis as adjusted (see instructions) and expense of sale | Gain or (loss) (d minus e) |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 2. | Capital Gains D |  |  |  |  |  |
| 3. | Other Net Gains.................................................................................................................... |  |  |  |  |  |
| 4. | Net Gains (Add lines 1, 2, and 3.) (Enter here and on line 19. If loss, enter ZERO here and make no entry on line 19.) |  |  |  |  |  |

## Schedule NJ-WWC

Wounded Warrior Caregivers Credit

|  | Did you provide care for a relative who was a qualifying armed services member (see instructions)? <br> If "Yes," enter the name and Social Security number of the qualifying service member <br> Last Name, First Name, Initial <br> Social Security number <br> Enter your relationship to the qualifying service member. <br> If "No," you are not eligible for a Wounded Warrior Caregivers Credit. Make no entry | $\square$ | No |  |
| :---: | :---: | :---: | :---: | :---: |
| 1. | Enter the federal disability compensation of the armed services member ................ | 1. |  |  |
| 2. | Maximum credit allowed | 2. | 675 | 00 |
| 3. |  | 3. |  |  |
|  | Were you the only caregiver for this service member during the tax year? $\square$ Yes $\square$ No <br> If "No," enter your share (percentage) of the total care expenses for the year. | 4. |  | \% |
| 5. | If you answered "Yes" at line 4, enter the amount from line 3 here and on line 61, NJ-1040. <br> If you answered "No" at line 4, multiply the amount on line 3 by the percentage on line 4. Enter the result here and on line 61, NJ-1040 $\qquad$ | 5. |  |  |

Keep a copy of this schedule for your records

